



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Name/Number of Emergency Contact: _____

Hours available to volunteer. Please off the day of the week and indicate the times.

| | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Monday: | <input type="checkbox"/> Friday: |
| <input type="checkbox"/> Tuesday: | <input type="checkbox"/> Saturday: |
| <input type="checkbox"/> Wednesday: | <input type="checkbox"/> Sunday: |
| <input type="checkbox"/> Thursday: | <input type="checkbox"/> Flexible: |

Volunteer interest – please check the areas of volunteering you are interested in

| | | | |
|------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Carving | <input type="checkbox"/> Tours | <input type="checkbox"/> Helping at Events | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Concessions | <input type="checkbox"/> Data Entry | <input type="checkbox"/> |
| <input type="checkbox"/> Museum | <input type="checkbox"/> Clerical | <input type="checkbox"/> Fundraising | <input type="checkbox"/> |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Committee Work | <input type="checkbox"/> |

Previous Volunteer or Work Experience: (please give details)

| |
|--|
| |
| |
| |
| |
| |



Volunteer Application/Release Form

The carousel project and the board of directors wish to thank you for your interest in volunteering. The board requires all volunteers become familiarized with our volunteer policy. Please review the contents, then complete and sign this release. The purpose of this waiver is to help protect the assets and the finances of the Historic Albany Carousel and Museum (here after referred to as the carousel) should an injury occur while volunteering on the project, as well as to provide a record of your volunteer efforts. For the protection of our volunteers, staff and guests, we require all volunteers and staff to sign this waiver prior to engaging in any activities.

- ★ I do hereby represent to the carousel board that I am a volunteer of the carousel project.
- ★ I understand that the carousel *does not provide worker's compensation* insurance for volunteers. Except in cases where the carousel is negligent in its actions, I am responsible for any and all costs associated with any injury obtained while volunteering for the carousel and agree to hold the project and its board of directors harmless.
- ★ I understand that I will be subject to annual screening and criminal history background checks that commensurate to my responsibilities I assume in working with the public.
- ★ I understand that I am expected to maintain the professional attitude of respecting the confidentiality of all information and activities related to the carousel project and the volunteers thereof.
- ★ I am aware that I am to abide by the carousel policies pertaining to appropriate behavior of volunteers and employees, including, but not limited to, smoking, use of alcohol or controlled substances, profanity, grievances and the promotion of personal, religious and political views. *Individuals who are disruptive or refuse to follow staff directions will be asked to leave and may be served with a notice of no trespass.*
- ★ I understand that I am expected to contact the carousel as early as possible if I am unable to fulfill my volunteer obligation.

I have received, read, and understand the Historic Carousel & Museum's Volunteer Policy

Date: _____

Signature: _____ Printed Name: _____

Signature of parent: _____ Printed Name: _____

Parent signature is necessary for volunteers between the ages of 14 – 18

Insurance mandates all volunteers must be at least 14 years old.